

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM

2000 OCT 25 P 3:57

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filer only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **1** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Green Mountain 1010 Wisconsin Ave Washington DC 20007	Consulting Fees	10/5/00	1153.04	X		S. Abraham: MI-S
			1153.04	X		G. Allen: VA-S
			1000.00	X		C. Burns: MT-S
			1000.00	X		S. Gorton: WA-S
			1153.00	X		A. Northup: KY-S
			10.00	X		J. Rohauer: CA-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ **198,432.94**

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this **25<sup>th</sup>** day of **Oct.** **2000**

My Commission Expires **4-24-2003**

*Constance Smith*  
 Constance Smith (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM  
**ANNE C. SAUER 10/23/00**

SIGNATURE (multi-page filers: sign page 1 only) DATE

*Anne C. Sauer*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
 Federal Election Commission  
 200 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-424-9530 Local 202-219-2420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM  
OCT 25 P 3:57

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the General Election.  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **2** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
U.S. Newsweek National Press Bldg Washington, DC 20045	fax press	10/5/00	60.00	X		J. Anderson; CT-5
Andrew Weisbach 1920 L Street, NW Washington DC 20036	Gas checks lodging	10/5/00	555.54		X	G. Allen; VA-5
Commercial Duplication 1920 L St. NW Washington DC 20036	Copies	10/6/00	149.37	X		C. Evans MT-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 19\_\_\_\_  
My Commission Expires \_\_\_\_\_  
\_\_\_\_\_[Notary Public]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
Federal Election Commission  
995 E Street, N.W.  
Washington, D.C. 20483  
Toll Free 800-424-6530 Local 202-218-3420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. # 800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **3** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Lisa Wade Reasch 1920 L St. N.W. Washington, DC 20036	Travel	10/6/00	120.00	X		J. Hoefel - PA-13
Greenberg Quinlan 106 Street, #400 Washington DC 20002	Post	10/4/00	23,000		X	S. GORTON WA-5
Betsy Loyless 1920 L St. N.W. Washington DC 20036	Travel	10/6/00	60.17	X		B. McCollum FL-5
	Travel	10/18/00	37.72		X	A. NORTHUP KY-1

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... \$

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... \$

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or assistance of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

My Commission Expires \_\_\_\_\_

(Notary Public)

SIGNATURE (multi-page filers: sign page 1 only) DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 4379g.

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM  
2008 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

8. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State
Date of Election	State	

5. COVERING PERIOD: FROM THROUGH PAGE **4** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Race and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Peter D. Hart 1724 Connecticut Ave, NW Washington DC 20009	FOR	10/05/08	32.00	X		20- Govt President
Commercial Duplicating 1920 L St. NW Washington DC 20036	Labels	10/15/08	253.80	X		S. Abraham MI-S
Amicus Clements 1920 L St NW Washington DC 20036	Copying Passage Package	10/15/08	370.70	X		S. Abraham MI-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 19\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
Federal Election Commission  
699 E Street, N.W.  
Washington, D.C. 20463  
Tel: Free 800-424-9630 Local 202-219-6430

Any information reported herein may not be pooled for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM  
2000 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**  
 Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**  
 City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION 3. Identification number  
**52-1733678**

4. TYPE OF REPORT (check appropriate boxes):  
 (a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report  
 (b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **5** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Danville Advocate 330 South Faxon St. Danville, Ky 40422	AD	10/3/00	1096.30	X		AL Gore - President
The Stock Market 360 Park Ave South NYC, NY 10010	AD	10/5/00	425.00	X		AL Gore - President
The New York Times P.O. Box 14198 Newark, NJ 07195	AD	10/5/00	5216.30	X		AL Gore - President

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
 Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20463  
 Toll-Free 800-434-3530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purposes except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the General Election.  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **6** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required):

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required):

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
American Express	Supplies	10/5/00	9.97		X	S. Abraham: MT-5
	Computer Rental	10/5/00	385.03	X		J. Maloney: CT-5
	Supplies	10/5/00	109.26		X	G. Allen: VA-5
	Travel	10/6/00	2869.54		X	C. Stevens: MT-5
	Travel	10/6/00	178.00		X	J. Hoefler: PA-13
	Travel	10/6/00	1061.66		X	A. Adetunji: KY-3
	Travel	10/6/00	507.97		X	Al Ruffalo: MT-8

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... \$ .....

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... \$ .....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 1B \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 4377.

For further information, contact:  
 Federal Election Commission  
 699 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-424-9530 Local 202-219-6423

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3 58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  Check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **5** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Public Media Center 466 Green St. San Francisco, CA 1 94133	ADS	10/12/00	9308.08	X		AL Gore - President
	ADS	10/12/00	29680.	X		AL Gore - President
Alison Clements 1920 L Street, NW Washington, DC 20036	Printing Costs + Salary	10/13/00	2350.38	X		S. Abraham ME-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior approval of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM  
 SIGNATURE (multi-page filers: sign page 1 only) DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
 Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20493  
 Toll Free 800-424-9550 Fax 202/693-5423

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1420 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is this (for a qualified nonprofit corporation)?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  Type of Election \_\_\_\_\_ Date of Election \_\_\_\_\_ State \_\_\_\_\_  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the Primary Month \_\_\_\_\_ Date of Primary \_\_\_\_\_ State \_\_\_\_\_  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **12/31/00** PAGE **8** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payor	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Teresa Forceel 1420 L St. NW Washington DC 20036	Salary + Travel	10/1/00	2012.31	X		6. BUREAU: MT-5
Greenspan Solutions 1954 University Ave St. Paul, MN 55104	PHONE RENT	12/31/00	44,800	X		L. RUMBECK MN-14

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials provided by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2008 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYEE OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **9** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
American Express	Travel	10/17/00	1312.11	X		B. McCORMACK FL-5
			234.50	X		L. RUSBECK MI-4
			234.50	X		R. GRAMS MN-5
			621.59	X		S. Abraham MI-5
			21.15	X		B. Allen VA-5
			1335.00	X		S. Abraham MI-5
	e-mail Travel					

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_ 1B \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS, INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is this filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(A)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(B) Is this Report an amendment? Yes  No

Type of Election: \_\_\_\_\_ Date of Election: \_\_\_\_\_ State: \_\_\_\_\_

5. COVERING PERIOD: FROM **10/1/00** THROUGH **12/18/00** PAGE **10** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
American Express	Travel	10/18/00	2172.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. BURNS; MT-S
Mary Winette 1920 L St NW Washington DC 20036	clipping charge	10/18/00	2.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Allen; VA-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Filed by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FED MAIL ROOM  
2008 OCT 25 P 3:58

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET N.W. #800**

City, State and ZIP Code  
**WASHINGTON DC 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  Type of Election: \_\_\_\_\_ Date of Election: \_\_\_\_\_ State: \_\_\_\_\_  
 October 15 Quarterly Report  30-Day Report following the General Election: \_\_\_\_\_ Date of Election: \_\_\_\_\_ State: \_\_\_\_\_  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **11** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Donor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Green Advertisements 1210 Wisconsin Ave. Washington DC 20007	Advertisement Fee	10/18/00	1103.78		X	E. Albritton MI-S
			1103.78	X	G. Allen VA-S	
			1103.78	X	C. Buentsen MT-S	
			1103.78	X	S. GORTON WA-S	
			1103.71	X	A. NORTHUP KY-3	

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation, or joint consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 19\_\_\_\_  
My Commission Expires \_\_\_\_\_  
\_\_\_\_\_(Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20483  
Tel: (202) 690-4242 Fax: (202) 696-5423

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM

2000 OCT 25 P 3:58

1. Name of Individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733658**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **12** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Tracy Tapp 1920 L St. N.W. Washington DC 20036	Room Rental / Salary	10/1/00	1584.95	X		G. Allen VA-S
ATT Wireless P.O. Box 8220 Aurora, IL 60572	Phone Service	10/1/00	263.04	X		G. Allen VA-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My Commission Expires \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **13** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Debs Callesan 1920 L St. NW Washington DC 20036	travel	10/18/00	8.55		X	S. Abraham MI-S
	salary	10/15/00	576.96		X	S. Abraham MI-S
	salary	10/15/00	1153.82		X	S. Gordon: WA-S
	parking	10/18/00	8.33		X	S. Gordon: WA-S
	salary	10/15/00	1298.16	X		Al Gore President
	travel	10/18/00	23.88		X	C. Evans: MI-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_

My Commission Expires \_\_\_\_\_

(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
 Federal Election Commission  
 988 E Street, N.W.  
 Washington, D.C. 20543  
 Toll Free 800-424-6530 Local 202-215-3420

Any information reported herein may not be copied for BBE or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/95)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the Election  
 July 15 Quarterly Report  30-Day Report following the General Election  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **12/1/00** THROUGH **12/31/00** PAGE **14** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
U.S. Newsweek Ste 1272 National Press Bldg. Wash, DC 20045	Media	10/18/00	81.46		X	C. BURNS: MT-5
		10/18/00	21.39		X	A. Northrup: MT-5
		10/18/00	80.00		X	A. Northrup: KY-3
		10/18/00	221.38		X	M. Rogers: MD-8
		10/18/00	51.00	X		L. Chafee: RI-5
		10/18/00	168.00	X		A. Gore - PRESIDENT

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 1A \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM

2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election \_\_\_\_\_ Date of Election \_\_\_\_\_ State \_\_\_\_\_  
 Date of Election \_\_\_\_\_ State \_\_\_\_\_

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/15/00** PAGE **15** OF **27**

6. CONTRIBUTION(S) RECEIVED (submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Supplier	Opener	
<b>Marta Marks P.O. Box 7073 Deerfield IL 60015</b>	<b>Paper Ticket</b>	<b>10/18/00</b>	<b>200.00</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Lichter: R-S</b>

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or reproduction of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My Commission Expires \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, inflated or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM

2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (Number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is this filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) is this report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **16** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Heather Kasher 1920 L Street NW Washington DC 20036	Salary	10/1/00	321.43	X		S. Abraham: MT-S
			321.43	X		G. Allen: VA-S
			321.43	X		L. Chafee: RI-S
			321.43	X		C. BURNS: MT-S
			321.43	X		S. GORTON: WA-S
			160.70	X		R. GRAMS: MN-S
			321.43	X		M. McCallum: VA-S
			321.43	X		S. KLINKER: CA-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM

2008 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only  Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only  NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the General Election.  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **12/1/08** THROUGH **10/15/08** PAGE **17** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, state) of Federal Candidate
				Support	Oppose	
Heather Kahner 1920 L Street, NW Washington, DC 20036	Salary	12/15/08	321.43		X	Northup - KY-3
			321.43		X	Rogan - CA-27
			321.43		X	Rogers - MS-08
			321.43		X	Runkels - MN-08
			321.43	X		Haefliger - PA-13
			321.43	X		McLoney - CT-3
			321.43	X		Saxton -

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I verify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 2008  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, ambiguous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
 Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-424-9530 Local 202-219-3460

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Unincorporated Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM  
2000 OCT 25 10 3 59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/18/00** PAGE **18** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Bought (District, State) of Federal Candidate
				Support	Opense	
Shahiki Watson 1920 L St. N.W. Washington, DC 20036	salary	10/15/00	284.64	X		E. Allen VA-S
			177.90	X		A. Gore - PRESIDENT
			373.59	X		C. Burns MT-S
			1014.03	X		S. Gordon VA-S
			238.01	X		B. McCollum FL-S
			444.71	X		F. Rosen CA-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 2000.  
My Commission Expires \_\_\_\_\_  
(Notary Public)

NOTE: Submission of false, fraudulent or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
Federal Election Commission  
400 E Street, N.W.  
Washington, D.C. 20463  
Toll Free 800-424-9533 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED  
To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM

2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYEE OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **12/1/00** THROUGH **12/18/00** PAGE **19** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Mary Wickste 1920 L St. NW Washington DC 20036	Salary	12/1/00	51.92	X		G. Allen - VA-5
			25.96	X		KUYKENDALL CA-36
			51.92	X		A. NORRTHUP KY-3
			51.92	X		J. Rogers CA-27

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ **0**

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ **0**

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 2000.  
My Commission Expires \_\_\_\_\_  
(Notary Public)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2008 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  Check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/08** THROUGH **10/18/08** PAGE **20** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Harrison Schmitt 1920 L St. Washington DC 20036	salary	10/1/08	116.80	X		S. Abraham MN-S
			327.04	X		G. Allen - VA-S
			46.72	X		C. BURNS - MT-S
			81.76	X		A. Northrup NH-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 18\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 457g.

For further information, contact:  
 Federal Election Commission  
 959 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 877-434-3530 Local 202-218-3450

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**  
 Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. # 800**  
 City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No  
 Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):  
 (a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report  
 (b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **-21** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	DATE (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Lisa Wade Reusch 1920 L St. NW Washington DC 20036	Salary	10/15/00	66.90	X		S. ABRAHAM MD-5
			60.21	X		R. GRAMS MN-5
			66.90	X		ROGERS - MN-8
			635.55	X		RUNBECK MN-4

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2008 OCT 25 P 3 59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET N.W. #800**

City, State and ZIP Code  
**WASHINGTON DC 20036**

2. Corporate filers only  Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only  NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the General Election  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State
Date of Election	State	

5. COVERING PERIOD: FROM **01/00** THROUGH **01/00** PAGE **22** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Sharon E. Banks 1920 L St. NW Washington DC 20036	Salary	01/00	1747.20	X		A. Gore - President
			448.32		X	S. Abraham ME-S
			149.44		X	R. Grants: MN-S
			448.32		X	A. Noethrup KY-S
			149.44		X	Rogers - MN-S
			149.44		X	RUNBECK - MN-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, deceptive or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact  
 Federal Election Commission  
 699 E Street, N.W.  
 Washington, D.C. 20460  
 Toll Free 800-424-9550 Local 202-218-5420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3 59

1. Name of Individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS, INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the General Election.  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **23** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Benjamin Jones 1920 L St. NW Washington, DC 20036	Salary	10/15/00	449.46		X	S. GORTON WA-5
			122.58		X	R. GRAMS MN-5
			40.86	X		J. Hoeffel PA-13

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

SIGNATURE (multi-page filers: sign page 1 only) DATE

NOTE: Submission of false, ambiguous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3 59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: is this filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the General Election.  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State
	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/15/00** PAGE **24** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Bought (District, State) of Federal Candidate
				Support	Oppose	
Betsy Layless 1920 L Street NW Washington, DC 20036	Salary	10/15/00	295.14		X	S. ADKINS MD-5
			295.14		X	G. ALLEN VA-5
			295.14		X	L. BURNS MT-5
			295.14		X	S. BORTON VA-5
			295.14		X	S. KUYERSON CA-36
			627.40		X	A. NORTHUP KY-3
			195.14		X	J. ROGAN CA-27
			295.14		X	M. ROGERS MN-8
			295.14		X	L. RUNDKE MN-4
			220.14	X		J. HOFFER PA-13
295.14	X		J. MATHIAS CT-5			
			295.14	X	J. SEXTON NJ-3	

B. TOTAL CONTRIBUTIONS (multi-page filers; enter total on page 1) \$ \_\_\_\_\_

B. TOTAL INDEPENDENT EXPENDITURES (multi-page filers; enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers; sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_ 19 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS, INC.**

Address (number and street)  Check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election  
 July 15 Quarterly Report  30-Day Report following the General Election  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **25** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
David Daniel 1920 L St. NW Washington DC 20036	Salary	10/15/00	261.52		X	M. McMillum FL-5
			65.38	X	J. Hoeftel IA-13	
			65.38	X	J. Maloney CT-5	
			65.38	X	J. Saxton NJ-3	

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 19\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 \_\_\_\_\_ (Notary Public)

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:  
 Federal Election Commission  
 998 E Street, N.W.  
 Washington, D.C. 20463  
 Toll Free 800-424-6530 Local 202-215-3426

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**  
 To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
 FEC MAIL ROOM  
 2000 OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS, INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  20-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

5. COVERING PERIOD: FROM **10/1/00** THROUGH **12/15/00** PAGE **26** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Bought (District, State) of Federal Candidate
				Support	Oppose	
Jay Liles 1920 L St. NW Washington, DC 20036	salary	12/1/00	\$0.76		<input checked="" type="checkbox"/>	M. McLELLAN - FL-5
Margaret Clarke 1920 L St. NW Washington DC 20036	salary	12/1/00	543.90		<input checked="" type="checkbox"/>	A-Gov. - Presidential
Bruce B. Gonzales 1920 L St. NW Washington DC 20036	salary	12/1/00	900.00		<input checked="" type="checkbox"/>	S. Abraham MI-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or publication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 10\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED  
FEC MAIL ROOM  
OCT 25 P 3:59

1. Name of individual, organization or corporation  
**LEAGUE OF CONSERVATION VOTERS, INC.**

Address (number and street)  check if different than previously reported  
**1920 L STREET, N.W. #800**

City, State and ZIP Code  
**WASHINGTON, DC, 20036**

2. Corporate filers only: Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number  
**52-1733698**

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  12-Day Report preceding the election.  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  30-Day Report following the General Election.  
 July 31 Mid-Year Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **10/1/00** THROUGH **10/31/00** PAGE **27** OF **27**

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
<b>Grand LaRouche 1920 L St NW Washington DC 20036</b>	<b>salary</b>	<b>10/1/00</b>	<b>1500</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>J. Maloney CT-5</b>
<b>Virginia Lacy 1920 L St NW Washington DC 20036</b>	<b>salary</b>	<b>10/1/00</b>	<b>677.08</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>L. Chafee RI-5</b>

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... \$ \_\_\_\_\_

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... \$ \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM \_\_\_\_\_

SIGNATURE (multi-page filers: sign page 1 only) \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/25/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  J.A.W. PREPARER	  10/25/00 DATE PREPARED